

1849. He left Vienna and returned to Budapest, where he eventually became professor of midwifery. The application of his methods reduced the puerperal mortality first to 8.5 per 1,000 and ultimately to 3.9. In 1860 he published his life's work 'The Cause, Import and Prophylaxis of Childbed Fever.' And yet the world at large ignored this work. His contemporaries even argued and tried to prove him wrong, so that his life was spent in an atmosphere of perpetual frustration and opposition, and eventually he was taken to a lunatic asylum, where he died of a wound infection of his finger—once more a septicaemia.

Two years after the death of Semmelweiss, Lister published his first paper on antiseptics, and in 1879 Louis Pasteur read his famous paper on 'Puerperal Septicaemia' before the Academy of Medicine in Paris. The world now had the cause, bacteria, the mode of spread, contagion, and the remedy, antiseptics, and yet in England during the ten years period 1885-94 there were 23,456 deaths from puerperal infection. Even in the ten years period 1925-34 there were 1,000 more

deaths from puerperal infection than occurred in the years 1855-64. These figures are an eloquent testimony to the indifference and unwillingness to apply available knowledge. In the words of Munro-Kerr, 'The death rate persists at its present unsatisfactory level chiefly because the essential factors prejudicial to betterment are permitted to continue—not because we are ignorant of them but because we have not sufficient determination to remove them.'

I have endeavoured to outline a few of the most notable advances in the practice of the obstetric art during the past 450 years, and in particular to give some insight into a few of the remarkable men responsible for planting firmly these important milestones. I have made no mention of antenatal pathology and physiology, for these are of such recent development that nearly all our knowledge of them has accrued within the limits of the present century. That is undoubtedly the field with which all modern workers are chiefly concerned, and it is in that field that the next important milestone will be founded

BOOK REVIEWS

THE MICROSCOPE

By THEODORE STEPHANIDES, M.D. 1st Edition. Faber & Faber. London. 1947. Pp. 160. Price 10s. 6d.

This should prove a useful book to medical students, research workers, laboratory technicians and many others. It is simply and clearly written and not only gives an admirable description of the microscope, but also gives valuable information on the observations to be made, and the tests employed when purchasing an instrument. The latter is viewed both from the student's angle as well as that of the research worker. The second part deals with the technique of microscopical observation, and at the conclusion the author gives a practical bibliography and definition of terms used in microscopy.

S.D.N.

THE BLOOD PRESSURE AND ITS DISORDERS, INCLUDING ANGINA PECTORIS

By JOHN PLESCH. 2nd Edition. Ballière, Tindall & Cox. 1947. Pp. 1-307.

This book is both provocative and disappointing. Much of the book, in fact nearly a third, consists of

an appendix, and in the latter matter is found which is not relevant to the author's subject—for example, a description together with case records of his method of immunization and desensitization by injections of urine. Almost half of the book is taken up with the technique of the author's Tonoscillo-graph and a description of the results obtained.

His conception of angina pectoris differs from that usually understood in this country. He considers it is a disorder of the whole circulation and refers to intermittent claudication as angina of the femoral artery, maintains that some types of renal colic are due to angina of the renal artery, asserts that pain in the left hypochondrium can result from angina of the splenic artery and says that eye-strain is often due to angina of the ophthalmic artery. He states that anginal pain occurring when the patient is fast asleep has a prognosis less favourable than that which occurs during the day or before midnight. The reviewer is of the opinion that such symptomatology is much more likely to be due to cardiac infarction.

He firmly maintains (in italics!) that arteriosclerosis is curable and much is made of dietetic treatment. He has some interesting things to say about small pericardial effusions, but his statement